Pious Union of Saint Therese Enrollment Request

Person enrolled ____

Enrollment by ____

Address, City, State, Zip_____________________________________

Send Enrolllment Card to: Name_________________________________

Address________________________________

City, State, Zip ___________________________

Donation enclosed $__________

☐ Living

☐ Deceased

Please make checks payable to Carmelite Fathers
and send to the following: **Pious Union**
P.O. Box 3420
San Jose, CA 95156-3420